

04C1593
MOSS VS. TRADITIONAL MED INC
JUDGE ST. EVE.

FILED
JUN 18 2004
MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

DOCKETED
JUN 21 2004

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X RECEIVED Agent</p> <p>B. Received by (Printed Name) JUN 15 2004 Addressee</p> <p>C. Restricted Delivery <input type="checkbox"/> Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below: U.S.D.C. S.D. N.Y.</p>	
<p>1. Article Addressed to:</p> <p>United States District Court Southern District of New York 300 Quarropas Street White Plains, NY 10601</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from ser) 7003 2260 0004 4757 0782</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, August 2001</p>		<p>Domestic Return Receipt 2ACPM-03-Z-0000</p>	

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